

CRUK summary of NICE cancer recognition and referral guidelines (NG12)

- Key**
- No time specified
 - Routine
 - Suspected cancer referral
 - Within 2 weeks
 - Within 48h
- 1 Breast
2 Lower GI*
3 Gynae
4 Head and neck
5 Haematology
6 Lung
7 Sarcoma
8 Skin
9 Urology
10 Upper GI
11 Abdominal and pelvic USS
12 Appointment with dentist within 2w
13 Assess for other symptoms/ signs then suspected cancer referral/ further urgent investigation
14 Assess for other clinical causes/ monitor in primary care
15 CA-125
16 Consider Paediatrician referral
17 MRI/CT within 2w
18 CT/USS within 2w
19 CXR within 2w
20 Direct access USS within 2w
21 OGD within 2w
22 Fbc within 48 hours
23 Fbc, Ca2+ + ESR/PV
24 FIT*
25 Gynae USS
26 Immediate referral to Paediatrician
27 Non-urgent referral via urology pathway
28 Ophthalmologist referral within 2w
29 Paediatrician appointment within 48h
30 PSA + DRE
31 Routine OGD
32 Routine referral
33 Routine USS
34 Urine protein electrophoresis and BJP within 48h
35 USS within 48h
36 Xray within 48h
37 CA-125 + FIT

A: raised; 2w: 2 weeks; 40+: 40 and over etc; BCC: basal cell carcinoma; BJP: Bence-Jones protein urine test; CXR: chest Xray; DRE: digital rectal examination; DVT: deep vein thrombosis; ESR/PV: erythrocyte sedimentation rate or plasma viscosity; Fbc: full blood count; FIT: Faecal immunochemical test; GI: gastrointestinal; GOR: gastro-oesophageal reflux; IDA: iron deficiency anaemia; LUTS: lower urinary tract symptoms; N/V: nausea/vomiting; OGD: upper GI endoscopy; PSA: prostate specific antigen; SCC: squamous cell carcinoma; SOB: shortness of breath; USS: ultrasound scan; wbc: white blood cell.

Non-specific symptoms

Appetite loss

Unexplained: consider: lung, upper GI, lower GI, pancreatic, urological: 15
Ever smoked/asbestos exposed 40+: 19
With cough/fatigue/SOB/chest pain/weight loss 40+: 19
Or early satiety persistent/>12x per month in women especially in 50+: 15
DVT:
Consider urogenital/breast/lower GI/lung cancers: 15
Diabetes
New onset with weight loss 60+: 18
Fatigue
Ever smoked/asbestos exposed 40+: 19
With cough/SOB/chest pain/weight loss/appetite loss (unexplained) 40+: 15
Persistent 16+: 22
Unexplained in women: 15
Fever
Unexplained: 22
Unexplained with splenomegaly/lymphadenopathy 16+: 5
Finger clubbing 40+: 19
Infection
Unexplained and persistent/recurrent 16+: 22
Night sweats
With unexplained splenomegaly/lymphadenopathy 16+: 5
Pallor: 22
Pruritus:
With unexplained splenomegaly/lymphadenopathy 16+: 5
Weight loss
Unexplained: consider: lung, upper GI, lower GI, pancreatic, urological: 15

Bleeding

Bleeding
Unexplained bruising, bleeding, petechiae: 22
Haematemesis: 31
Haemoptysis 40+: 6
Post-menopausal:
Rectal bleeding with abdominal pain/weight loss <50: 24
Rectal 50+: 24
Vulval: 5

Lumps/masses

Lumps/Masses
Anal: 2
Axillary 30+: 1
Breast 30+: 1
Breast <30: 52
Lip/oral cavity: 12
Lump increasing in size: 20
Neck (unexplained) 45+: 4
Neck (persistent and unexplained): 4
Penile (STI excluded): 9
Thyroid: 4
Vaginal/vulval (unexplained): 5
Lymphadenopathy
Unexplained in adults: 5
Supraclavicular/persistent cervical 40+: 15
Generalised in adults: 22

Pain

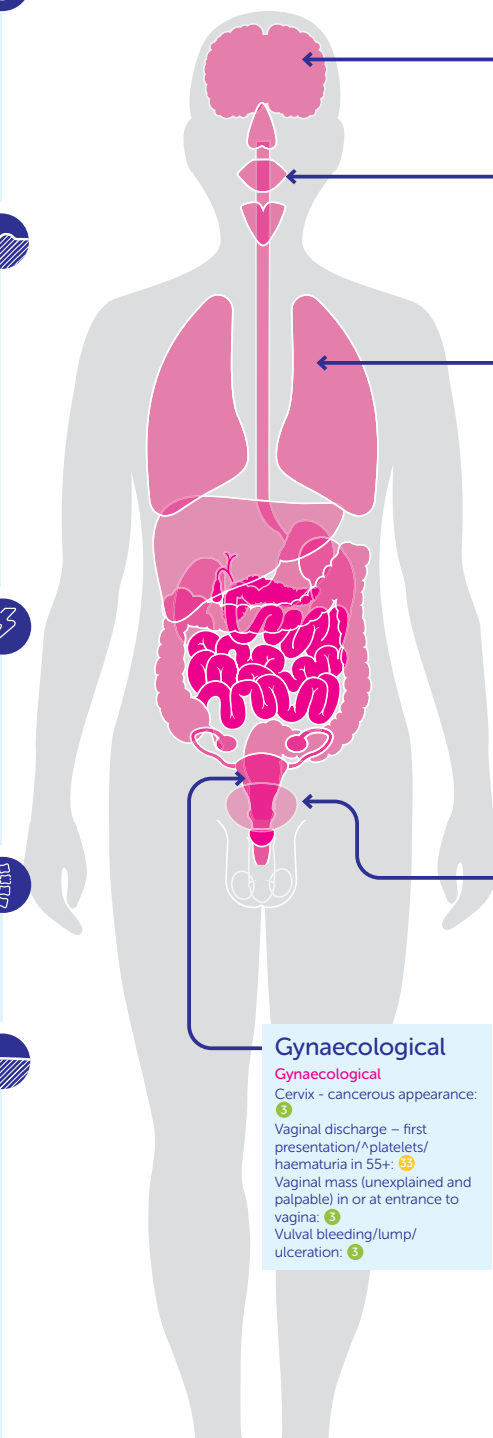
Pain
Alcohol induced lymph node pain with lymphadenopathy: 5
Back with weight loss 60+: 18
Back (persistent) 60+: 23
Chest (unexplained) 40+ ever smoked/asbestos exposed: 15
Chest (unexplained) with cough/fatigue/SOB/weight loss/appetite loss 40+: 15

Skeletal

Skeletal Symptoms
Back pain with weight loss 60+: 18
Back pain (persistent) 60+: 23
Bone pain (persistent) 60+: 23
Fracture (unexplained) 60+: 23

Skin

Skin or surface symptoms
Anal ulceration: 2
Bruising: 22
Nipple: unilateral changes (including those "of concern") 50+: 1
Penile lesion/mass (STI excluded): 9
Penile symptoms affecting the foreskin/glans: 9
Petechiae (unexplained): 22
Skin change suggesting breast cancer: 1
Pigmented lesion with a weighted 7 point score 3+: 8
Lesion suggestive of nodular melanoma: 8
Lesion suggestive of SCC: 8
Lesion suggestive of BCC: 32
Lesion suggestive of BCC & concern that treatment delay may have a significant impact: 8
Vulval lump/ulceration (unexplained): 5
Unexplained with abdominal pain 40+: 24
Unexplained with rectal bleeding <50: 24
Unexplained 50+: 24
Ever smoked/asbestos exposed 40+: 19
With cough/fatigue/SOB/chest pain/appetite loss 40+ never smoked: 19
With unexplained splenomegaly/lymphadenopathy 16+: 5
With upper abdominal pain/GOR/dyspepsia 55+: 21
Unexplained in women: 37
With diarrhoea/nausea/vomiting/constipation 60+: 18
With back pain/abdominal pain/new onset diabetes 60+: 18
With ^platelets/nausea/vomiting 55+: 31



Neurological

Neurological
Loss of central neurological function (progressive): 17

Oral lesions

Oral lesions
Ulceration (unexplained, >3w): 4
Oral red / red & white patches: 12

Respiratory

Respiratory
Chest infection (persistent or recurrent) 40+: 19
Chest pain (unexplained) 40+ ever smoked/asbestos exposed: 15
Chest pain (unexplained) with cough/fatigue/SOB/weight loss/appetite loss 40+: 19
Cough (unexplained) 40+ ever smoked/asbestos exposed: 15
Cough (unexplained) with chest pain/fatigue/SOB/weight loss/appetite loss 40+: 19
Hoarseness (unexplained and persistent) 45+: 4
Chest signs consistent with cancer/pleural disease 40+: 19
Finger clubbing 40+: 19
Shortness of breath
Ever smoked/asbestos exposed 40+: 15
With cough/fatigue/chest pain/weight loss/appetite loss 40+: 15
With unexplained lymphadenopathy: 5
With unexplained splenomegaly: 5

Urological

Urological Symptoms
Erectile dysfunction: 30
Haematuria (visible and unexplained) without UTI 45+: 9
Haematuria (visible and unexplained) with persistence/recurrence after treatment for UTI 45+: 9
Haema turia (non visible and unexplained) with dysuria/^blood test wbc 60+: 9
Haematuria (visible) with low Hb/^platelets / ^ blood glucose/ unexplained vaginal discharge in women 55+: 26
Haematuria (visible) in men: 30
Testicular enlargement/shape change/texture change (non-painful): 9
Testicular symptoms (unexplained/persistent): 15
UTI (unexplained and recurrent/persistent) 60+: 27
LUTS in males: 30
Urinary urgency (persistent or >12x per month) in women especially 50+: 15

Abdominal

Abdominal distension
Persistent or >12 times per month in women especially 50+: 57
Abdominal/pelvic/rectal mass
Suggestive of ovarian pathology: 5
Abdominal: 24
Rectal: 2
Splenomegaly: 5
Upper abdomen (consistent with liver/gall bladder): 30
Upper abdomen (consistent with stomach cancer): 10
Hepatosplenomegaly: 22
Abdominal/pelvic pain
Abdominal pain with weight loss in 40+: 24
Abdominal pain with rectal bleeding in <50: 24
Abdominal pain in 50+: 24
Upper abdominal pain with weight loss in 55+: 24
Upper abdominal pain with any of: anaemia, ^platelets, nausea, vomiting in 55+: 31
Persistent or >12 times per month in women especially 50+: 57
Abdominal pain with weight loss in 60+: 18
IBS symptoms within 12 months in women 50+: 37
Ascites +/- or pelvic or abdominal mass 3
Change in bowel habit
Unexplained: 24
Unexplained with rectal bleeding <50: 24
Without rectal bleeding <60: 24
Unexplained in females: 37
Diarrhoea/constipation with weight loss 60+: 18
IBS symptoms within 12 months in women 50+: 37
Dyspepsia
With weight loss in 55+: 21
Treatment resistant 55+: 31
55+ with ^platelets/N/V: 31
Dysphagia 24
Nausea or vomiting
With weight loss 60+: 18
With ^platelets/weight loss/reflux/dyspepsia/upper abdominal pain in 55+: 31
Rectal examination
Prostate feels malignant: 9
Reflux
With weight loss in 55+: 21
With ^platelets/nausea/vomiting 55+: 31

Gynaecological

Gynaecological
Cervix - cancerous appearance: 5
Vaginal discharge - first presentation/^platelets/haematuria in 55+: 35
Vaginal mass (unexplained and palpable) in or at entrance to vagina: 5
Vulval bleeding/lump/ulceration: 5

Investigation findings

Anaemia (IDA)
Unexplained IDA: 24
Without rectal bleeding <60: 24
Anaemia (normocytic)
Unexplained anaemia 60+: 24
Visible haematuria women 55+: 35
Upper abdominal pain 55+: 31
BJP suggests myeloma: 5
^Blood glucose with visible haematuria in women 55+: 24
CA-125 35+IU/mL: 11
CA-125 <35IU/ml or >35IU/ml with normal ultrasound: 15
^CA2+ /low wbc and consistent with myeloma 60+: 24
CXR suggests lung cancer/mesothelioma: 6
Dermoscopy suggests melanoma: 8
New onset diabetes with weight loss 60+: 18
DRE suggests prostate cancer: 9
^ESR/PV and consistent with myeloma: 34
FIT+ve: 2
Jaundice 40+: 10
^platelets with GOR/dyspepsia/upper abdominal pain 55+: 31
^platelets with nausea/vomiting/ weight loss 55+: 31
^platelets 40+: 19
^platelets with visible haematuria/unexplained vaginal discharge 55+: 26
PSA above age specific range: 9
Urine protein electrophoresis suggests myeloma: 5
USS suggests ovarian cancer: 5
USS suggests soft tissue sarcoma: 7
Xray suggests bone sarcoma: 7

Children and young people

Abdominal symptoms
Hepatosplenomegaly: 26
Abdominal mass or enlarged abdominal organ: 29
Splenomegaly: 29
Bleeding/bruising/rashes
Petechiae (unexplained): 26
Bruising/bleeding (unexplained): 22
Lumps/masses
Lymphadenopathy (unexplained): 29
Lymphadenopathy (generalised): 22
Lump (unexplained) increasing in size: 65
Neurological
New abnormality of cerebellar or CNS function: 29
Non-specific symptoms
Fatigue (persistent): 22
Fever with lymphadenopathy/splenomegaly (unexplained): 29
Fever (unexplained): 22
Infection (unexplained and persistent): 22
Night sweats with lymphadenopathy/splenomegaly: 29
Pruritus with lymphadenopathy/splenomegaly: 29
Weight loss with lymphadenopathy/splenomegaly: 29
Parental concern (persistent): 16
Primary Care Investigations
USS/CXR suggest sarcoma: 29
Absent red reflex: 26
Respiratory
SOB with lymphadenopathy: 29
SOB with splenomegaly (unexplained): 29
Skeletal
Bone pain (persistent or unexplained): 22
Bone pain/swelling (unexplained): 36
Skin/surface
Bruising (unexplained): 22
Pallor: 22
Urological
Haematuria (visible and unexplained): 29

March 2024 - Please email SEInbox@cr.uk for any questions or feedback.
*Please refer to NICE NG12/NG56 for full, up-to-date guidance on the management of suspected colorectal cancers. Check local pathways when managing patients with a FIT result of Hb <10ug Hb/g. See BSG/ACCPGI (May 2022) recommendations for further support implementing FIT.

This is a summary of the NICE guidelines for suspected cancer (NG12). The information in this summary is correct to the best of our knowledge, however local pathways may vary and it does not replace clinical judgement. The full guidelines can be found here: www.nice.org.uk/guidance/ng12